**Australian centre for education in sleep (ACES)**

Name……………………………………………………….Starting date…………………………………

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| **Day** | **Example** |  |  |  |  |  |  |  |
| Medication for  sleep | lavendar |  |  |  |  |  |  |  |
| Into bed at…..  Lights out at….. | 7.30 PM  7.45 |  |  |  |  |  |  |  |
| Fell asleep | 8.00 PM |  |  |  |  |  |  |  |
| Where slept | In my own  bed |  |  |  |  |  |  |  |
| Sleep broken ……  times in night | One time |  |  |  |  |  |  |  |
| Minutes awake for  each wake | 10 minutes |  |  |  |  |  |  |  |
| How I fell back to  sleep | Alone |  |  |  |  |  |  |  |
| Last waking up  time | 7.00 AM |  |  |  |  |  |  |  |
| When I got up I  felt 1 = exhausted to 5 - refreshed | 3 |  |  |  |  |  |  |  |
| Overall my sleep  was 1= very restless to 5 = very sound | 3 |  |  |  |  |  |  |  |

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| How much of a problem is your/your child’s sleep at the moment? | 1  None | 2  A bit | 3  more than a bit | 4  A lot | 5  A great deal |
| How stressed are you about your /your child’s sleep at the moment? | 1  None | 2  A bit | 3  more than a bit | 4  A lot | 5  A great deal |